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EXAMINER	
NAJARIAN, LENA	
ART UNIT	PAPER NUMBER
3686	
MAIL DATE	DELIVERY MODE
11/10/2010	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	09/845,066	KEHR ET AL.	
	Examiner	Art Unit	
	LENA NAJARIAN	3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *23 August 2010*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *98-187* is/are pending in the application.

4a) Of the above claim(s) *143-148,151,153-163,165-167,170-183 and 186* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *98-142,149,150,152,164,168,169,184,185 and 187* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed 11/23/09 and the election filed 8/23/10. Claims 1-97 are cancelled. Claims 98-187 are newly added. Claims 143-148, 151, 153-163, 165-167, 170-183, and 186 are withdrawn. Claims 98-142, 149, 150, 152, 164, 168, 169, 184, 185, and 187 are rejected.

Election/Restrictions

2. Claims 143-148, 151, 153-163, 165-167, 170-183, and 186 are withdrawn from further consideration pursuant to 37 CFR 1.142(b) as being drawn to nonelected inventions, there being no allowable generic or linking claim. Election was made **without** traverse in the reply filed on 8/23/10.

3. Applicant's election without traverse of Group I (claims 98-142, 149, 150, 152, 164, 168, 169, 184, 185, and 187) in the reply filed on 8/23/10 is acknowledged.

Claim Rejections - 35 USC § 112

4. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

5. Claims 98-142, 149, 150, 152, 164, 168, 169, 184, 185, and 187 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

6. Claim 98 recites the limitation "the fields" in line 6. There is insufficient antecedent basis for this limitation in the claim.

7. Claim 101 recites the limitation "the transmission of prompt transmissions" in line 1. There is insufficient antecedent basis for this limitation in the claim.

8. Claim 102 recites the limitation "said frequency" in line 2. There is insufficient antecedent basis for this limitation in the claim.

9. Claim 115 recites the limitation "the stored patient-reported information" in line 1. There is insufficient antecedent basis for this limitation in the claim.

10. Claim 116 recites the limitation "said reports" in line 1. There is insufficient antecedent basis for this limitation in the claim.

11. Claim 125 recites the limitation "the analysis of risk" in line 1. There is insufficient antecedent basis for this limitation in the claim.

12. Claims 99, 100, 103-114, 117-124, 126-142, 149, 150, 152, 164, 168, 169, 184, 185, and 187 incorporate the deficiencies of claim 98, through dependency, and are also rejected.

13. The rejection of claim 38 under 35 U.S.C. 112, second paragraph, is hereby withdrawn due to the amendment filed 11/23/09.

Claim Rejections - 35 USC § 103

14. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to

> be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

15. Claims 98-110, 113-132, 134-140, 142, 149, 150, 152, 168, 169, 184, 185, and 187 are rejected under 35 U.S.C. 103(a) as being unpatentable over Douglas et al. (6,039,688) in view of Campbell et al. (US 6,208,974 B1).

(A) Referring to claim 98, Douglas discloses a method for customizing medical protocols, comprising the steps of (col. 2, lines 30-47 of Douglas):

receiving data related to one or more patients (col. 2, lines 30-47 of Douglas);

customizing one or more medical protocols based on the received data to derive one or more customized medical protocols (col. 2, lines 30-47 and col. 6, lines 7-13 & 40-62 of Douglas);

automatically transmitting the one or more customized medical protocols and/or information associated therewith to one or more medical monitoring devices associated with the one or more patients (col. 10, lines 9-64, Fig. 1, and col. 5, lines 27-53 of Douglas);

the one or more medical monitoring devices communicating the customized medical protocol and/or information to the one or more patients, and the one or more patients interacting with said one or more medical monitoring devices to enter patient-reported information (col. 6, lines 7-26, col. 8, line 66-col. 9, line 38 of Douglas); and

using a second device for transmitting the one or more customized medical protocols and/or information associated therewith to the one or more

medical monitoring devices; and receiving patient-reported information from the one or more medical monitoring devices following the patient interaction with the medical monitoring device (col. 6, line 58 – col. 7, line 44, col. 5, lines 27-53, col. 8, line 66 – col. 9, line 38 of Douglas).

Douglas does not expressly disclose selecting a combination of data elements for a medical treatment plan from among a large number of possible data elements, and/or from a pull down menu, and entering the corresponding data elements into the fields of a database.

Campbell discloses selecting a combination of data elements for a medical treatment plan from among a large number of possible data elements, and/or from a pull down menu, and entering the corresponding data elements into the fields of a database (col. 15, lines 42-64 of Campbell).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the aforementioned features of Campbell within Douglas. The motivation for doing so would have been to provide an interface that enables one to more efficiently and accurately enter data (col. 1, lines 10-18 & 43-53 of Campbell).

(B) Referring to claim 99, Douglas discloses said second device analyzing said patient-reported information according to risk posed to the patient's health, and transmitting prompt transmissions to one or more additional devices based upon the risk posed to the patient's health by the patient-reported information, or storing said information for later review (Fig. 59, col. 21, lines 6-15, and col. 10, lines 17-27 of Douglas).

(C) Referring to claim 100, Douglas discloses wherein the patient-reported information includes information concerning specific medications including side effects, and/or adherence to medication schedules, and/or medication compliance, and/or adverse effects (col. 2, lines 30-47 of Douglas).

(D) Referring to claim 101, Douglas discloses wherein the transmission of prompt transmissions is determined through automatic analysis by the second device (col. 10, lines 9-16 of Douglas).

(E) Referring to claim 102, Douglas discloses wherein the second device can poll the medical monitoring device, said frequency of said polling is determined by an analysis of the patient- reported information (col. 10, lines 9-40 of Douglas).

(F) Referring to claim 103, Douglas discloses wherein the determination of which one or more additional devices are to receive specific prompt transmissions, and which additional devices are not to receive specific prompt transmissions, is determined by automatic analysis of the patient- reported information (col. 10, lines 9-61 of Douglas).

(G) Referring to claim 104, Douglas discloses wherein the timing of such transmission, and the data conveyed to an additional device is determined by the automatic analysis (col. 10, lines 9-61 of Douglas).

(H) Referring to claim 105, Douglas discloses wherein either the medical monitoring device issues a prompt transmission to the patient, or the second device issues a prompt transmission to the medical monitoring device for review by the patient, based upon the execution of an analysis of the patient-reported information (Fig. 19 and col. 13, line 65 – col. 14, line 3 of Douglas).

(I) Referring to claim 106, Douglas wherein the second device exchanges communications with additional information management systems and databases (Fig. 59 and col. 21, lines 6-15 of Douglas).

(J) Referring to claim 107, Douglas discloses wherein the medical monitoring device and/or the second device can download from the additional information management systems and databases additional information to the patient, and communicate new instructions (Fig. 59, col. 7, lines 23-44, and col. 21, lines 6-15 of Douglas).

(K) Referring to claim 108, Douglas discloses wherein the second device analyzes the patient- reported data, and downloads information to the medical monitoring device to initiate treatments (col. 7, lines 23-65 of Douglas).

(L) Referring to claim 109, Douglas discloses wherein the second device provides on-demand data exchanges with system users (col. 7, line 60- col. 8, line 5 of Douglas).

(M) Referring to claim 110, Douglas discloses wherein a security manager employs role based assignments to authenticate system users and validate queries (col. 17, lines 25-31 and col. 19, lines 44-48 of Douglas).

(N) Referring to claim 113, Douglas discloses wherein the data exchanges include reports to system users (col. 9, lines 2-37 of Douglas).

(O) Referring to claim 114, Douglas discloses wherein the customized medical protocol is created by selecting a combination of data elements from a patient database residing in the second device, said data elements including a personal

questionnaire for a specific patient, and public questionnaires for a group of patients (col. 18, lines 6-54 of Douglas).

(P) Referring to claim 115, Douglas discloses wherein the stored patient-reported information is stored as event files which are collected by a patient database in an event log that can be accessed as a report (col. 9, lines 23-38 of Douglas).

(Q) Referring to claim 116, Douglas discloses wherein said reports include medication compliance ratios, and/or questionnaire responses (col. 18, lines 6-33 of Douglas).

(R) Referring to claim 117, Douglas discloses wherein a specific medical protocol may be remotely modified for a subgroup of patients who share one or more common characteristic, as well as specific patient instructions for individualized components of the medical protocols (col. 7, lines 15-44 and col. 18, lines 6-62 of Douglas).

(S) Referring to claim 118, Douglas discloses wherein the medical treatment protocol includes individual medication using and dosing instructions on a specific medication or combinations of medications, and/or educational content, and/or questionnaires (col. 6, lines 7-26 of Douglas).

(T) Referring to claim 119, Douglas discloses wherein the medical protocol is modified based upon the patient's inclusion in a particular group that shares one or more common characteristics (col. 7, lines 23-37 of Douglas).

(U) Referring to claim 120, Douglas discloses wherein the second device instantaneously remotely updates the medical protocol in the medical monitoring device (col. 7, lines 7-65 of Douglas).

(V) Referring to claim 121, Douglas discloses wherein other databases are searched for content that is specific to a population, or subpopulation of patients, or to an individual patient (col. 16, line 52-54 of Douglas).

(W) Referring to claim 122, Douglas discloses wherein the prompt transmission of information is determined by whether the patient-reported information falls outside the range of valid values for the particular data element or data elements contained within the patient-reported information (col. 10, lines 17-26 and Fig. 60 of Douglas).

(X) Referring to claim 123, Douglas discloses wherein the patient-reported information includes vital signs and other biological measurements that are manually entered and/or entered by physiologic monitoring devices into the medical monitoring device (col. 6, lines 14-26 of Douglas).

(Y) Referring to claim 124, Douglas discloses wherein the customized medical protocol may includes medication type, and/or medication dosage, and/or dietary regimen, and/or specific reminders as to when to obtain a medication refill, and and/or when to call the doctor, and/or any algorithm-driven events based upon data inputted by the patient (col. 7, lines 23-44 of Douglas).

(Z) Referring to claim 125, Douglas discloses wherein the analysis of risk is performed by biostatistical analysis and stratification of patients based upon their respective risks of developing worsening clinical outcomes (col. 7, lines 23-37 of Douglas).

(AA) Referring to claim 126, Douglas discloses wherein a biostatistical analysis results in a risk stratification of patients based upon their risks of developing

worsening clinical outcomes, and/or increased medical costs, to broadcast relevant information in real-time to one or more additional devices (col. 5, lines 52-64 and col. 6, line 64 – col. 7, line 44 of Douglas).

(BB) Referring to claim 127, Douglas discloses wherein the downloaded information is based upon medical decision support software that instantaneously updates a patient management protocol (col. 10, lines 9-61 of Douglas).

(CC) Referring to claim 128, Douglas discloses wherein the content of the information contained in the transmission of prompt transmissions to additional devices is based upon role-based assignments for the users of each device, wherein their assigned role determines which content they receive (col. 10, lines 9-54 of Douglas).

(DD) Referring to claim 129, Douglas discloses wherein the transmission of the information is timed to prompt the user of the additional device to carry out or modify sequential treatment interventions with the patient (col. 10, lines 9-61 of Douglas).

(EE) Referring to claim 130, Douglas discloses wherein the timing of transmission and the timing of the interventions is in real-time (col. 13, lines 41-48 of Douglas).

(FF) Referring to claim 131, Douglas discloses wherein the one or more additional devices communicates the prompt transmission via a message presented in textual, graphic, pictorial, or voice formats (col. 13, lines 41-48 of Douglas).

(GG) Referring to claim 132, Douglas discloses wherein the message is in the form of raw patient data or reports (col. 7, lines 54-65 of Douglas).

(HH) Referring to claim 134, Douglas discloses wherein the prompt transmission to one or more additional devices is determined by whether the patient-reported information falls outside a range of valid values stored in the second device (col. 10, lines 17-26 and Fig. 60 of Douglas).

(II) Referring to claim 135, Douglas discloses wherein the one or more additional devices download modified medical treatment protocols to one or more medical monitoring devices based upon the analysis of the patient-reported information (Fig. 60, col. 7, lines 15-44, and col. 10, line 9-54 of Douglas).

(JJ) Referring to claim 136, Douglas discloses wherein one patient interacts with at least two medical devices (col. 2, lines 48-66 and col. 9, lines 23-37 of Douglas).

(KK) Referring to claim 137, Douglas discloses wherein the range of valid values in the second device is selected from a menu, or determined for the one or more patients based upon population-based or individual patient standards (col. 7, lines 15-44, Fig. 53, and col. 10, lines 17-26 of Douglas).

(LL) Referring to claim 138, Douglas discloses wherein the communication of the customized medical protocol and/or information to the one or more patients is presented via graphic and/or audible communications (col. 2, lines 48-67 of Douglas).

(MM) Referring to claim 139, Douglas discloses wherein the audible communications are in the form of voice communications (col. 2, lines 48-52 of Douglas).

(NN) Referring to claim 140, Douglas discloses wherein the medical protocols reside in the database, and are directly transferred to one or more medical monitoring devices and are communicated to the patient by the one or more devices (abstract of Douglas).

(OO) Referring to claim 142, Douglas discloses wherein the one or more additional devices may be a telephone and/or a personal digital assistant, and/or a desktop personal computer and/or a laptop computer or other computing device (col. 6, lines 15-26 of Douglas).

(PP) Referring to claim 149, Douglas discloses wherein the communication of the customized medical protocol and/or information to the one or more patients includes a musical alarm that is most motivating for the one or more patients to adhere to the medical protocol (col. 14, lines 24-37 of Douglas).

(QQ) Referring to claim 150, Douglas discloses wherein the communication of the customized medical protocol and/or information to the one or more patients is in the form of pictorial representations and/or streaming video (col. 12, lines 8-21 of Douglas).

(RR) Referring to claim 152, Douglas discloses wherein the communication of the customized information includes an advertisement (col. 17, lines 8-20 of Douglas).

(SS) Referring to claim 168, Douglas discloses wherein new software code is remotely downloaded from the second device to one or more of the medical monitoring devices, to assist the patient in following a medical protocol (col. 2, lines 48-66 and col. 12, lines 8-21 of Douglas).

(TT) Referring to claim 169, Douglas discloses wherein the medical monitoring devices used by two or more patients sharing one or more attributes receive the same software code (col. 7, lines 15-37 of Douglas).

(UU) Referring to claim 184, Douglas discloses wherein said prompt transmission includes a communication of a decision support protocol including recommended interventions (col. 2, lines 30-66 of Douglas).

(VV) Referring to claim 185, Douglas discloses wherein the medical monitoring device delivers an audible alarm selected to facilitate the patient's adherence to the medical treatment plan (Fig. 20 and col. 3, lines 62-63 of Douglas).

(WW) Referring to claim 187, Douglas discloses wherein the database is imported into additional databases (col. 21, lines 42-65 of Douglas).

16. Claims 111 and 112 are rejected under 35 U.S.C. 103(a) as being unpatentable over Douglas et al. (6,039,688) in view of Campbell et al. (US 6,208,974 B1), and further in view of Gersing (US 2001/0032102 A1)

(A) Referring to claims 111 and 112, Douglas and Campbell do not expressly disclose wherein the second device includes a database manager and information management system that uses logic rules and similar inference methodologies to query the contents of the information management system

which include the patient-reported data and wherein the second device includes a database processor that provides business logic rules and similar inference methodologies that support data mining and diagnostic reasoning functions of the patient-reported data.

Gersing discloses a database manager and information management system that uses logic rules and similar inference methodologies to query the contents of the information management system which include the patient-reported data and a database processor that provides business logic rules and similar inference methodologies that support data mining and diagnostic reasoning functions of the patient-reported data (para. 7, 14, 37, 40, 41, and 44 of Gersing).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the aforementioned features of Gersing within Douglas and Campbell. The motivation for doing so would have been to determine treatment effectiveness (para. 40 of Gersing).

17. Claim 133 is rejected under 35 U.S.C. 103(a) as being unpatentable over Douglas et al. (6,039,688) in view of Campbell et al. (US 6,208,974 B1), and further in view of Hildebrand et al. (5,940,802).

(A) Referring to claim 133, Douglas and Campbell do not disclose wherein the analysis of said patient-reported information according to the risk posed to the patient's health determines the probability of a decline in the patient's health and/or increased cost of health care.

Hildebrand discloses wherein the analysis of said patient-reported information according to the risk posed to the patient's health determines the probability of a decline in the patient's health and/or increased cost of health care (col. 7, lines 45-57 and col. 8, lines 1-37 of Hildebrand).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the aforementioned feature of Hildebrand within Douglas and Campbell. The motivation for doing so would have been to generate optimal treatment recommendations (col. 8, lines 38-54 of Hildebrand).

18. Claim 141 is rejected under 35 U.S.C. 103(a) as being unpatentable over Douglas et al. (6,039,688) in view of Campbell et al. (US 6,208,974 B1), and further in view of Hanks et al. (US 6,182,667 B1).

(A) Referring to claim 141, Douglas and Campbell do not disclose wherein one or more medical monitoring devices may be a telephone and/or a personal digital assistant.

Hanks discloses wherein one or more medical monitoring devices may be a telephone and/or a personal digital assistant (col. 6, lines 11-20 of Hanks).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the aforementioned feature of Hanks within Douglas and Campbell. The motivation for doing so would have been to facilitate enhanced patient care (col. 6, lines 11-20 of Hanks).

19. Claim 164 is rejected under 35 U.S.C. 103(a) as being unpatentable over Douglas et al. (6,039,688) in view of Campbell et al. (US 6,208,974 B1), and further in view of de la Huerga (US 6,259,654 B1).

(A) Referring to claim 164, Douglas and Campbell do not disclose wherein the one or more medical devices used by the patient communicates with one or more medication containers that are separate from the one or more medical devices.

de la Huerga discloses wherein the one or more medical devices used by the patient communicates with one or more medication containers that are separate from the one or more medical devices (col. 12, lines 18-43 and col. 17, lines 1-13 of de la Huerga).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the aforementioned feature of de la Huerga within Douglas and Campbell. The motivation for doing so would have been to signal the patient to take the appropriate medication (abstract of de la Huerga).

Response to Arguments

20. Applicant's arguments with respect to claim 98 have been considered but are moot in view of the new ground(s) of rejection.

21. Applicant's additional arguments filed 11/23/09 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 11/23/09.

(1) Applicant argues that Douglas does not describe creation or modification of medical treatment plans in any material respect and does not teach automatically

transmitting one or more customized medical protocols or information associated therewith to one or more medical monitoring devices associated with one or more patients.

(2) Applicant argues that the dependent claims are not taught, or even reasonably suggested, by the Douglas reference.

(A) As per the first argument, the Examiner respectfully submits that Douglas teaches creating or modifying a program for a particular patient (see col. 6, lines 49-62 of Douglas). Douglas also teaches prompting a patient to input his or her vital signs depending on the patient's program (see col. 9, lines 26-38 of Douglas).

(B) As per the second argument: Applicant's arguments fail to comply with 37 CFR 1.111(b) because they amount to a general allegation that the claims define a patentable invention without specifically pointing out how the language of the claims patentably distinguishes them from the references.

Conclusion

22. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

23. Any inquiry concerning this communication or earlier communications from the examiner should be directed to LENA NAJARIAN whose telephone number is (571)272-7072. The examiner can normally be reached on Monday - Friday, 9:30 am - 6:00 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/LENA NAJARIAN/
Examiner, Art Unit 3686
11/8/10